

CLAIMS ONLY

Multiple Dependent

Application Number

10560517

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4		2				
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11	1	1				
12		1				
13	1	1				
14		1				
15		1				
16		1				
17		1				
18		2				
19		1				
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Total Indep	2					
Total Depend	18					
Total Claims	20					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						